

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/08/2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

chronic pain management - 10 final days - outpatient

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Anesthesiologist; Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

It is the opinion of the reviewer that the requested chronic pain management - 10 final days – outpatient is not indicated as medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination  
PPE  
Report of MMI/IR  
Request for 80 final hours of chronic pain management program  
Reassessment  
Reconsideration  
Initial workers comp report  
Subsequent medical report  
Radiographic report  
MRI lumbar spine  
Initial therapy/rehabilitation evaluation

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. On this date the patient slipped on the floor and landed on lower back and buttocks. Treatment to date includes physical therapy, medication management, lumbar laminectomy, discectomy, foraminotomy and partial facetectomy at L5-S1, diagnostic testing, 4 sessions of individual psychotherapy and chronic pain management program. PPE indicates that required PDL is very heavy and current PDL is heavy. PPE indicates that

current PDL remains heavy. Report of maximum medical improvement/impairment indicates that clinical impression is lumbar strain, lumbar disc derangement and lumbar radiculopathy. The patient has not reached MMI and is participating in a chronic pain management program. Reassessment indicates that FABQ-W increased from 26 to 32 and FABQ-PA from 12 to 14. BAI decreased from 19 to 10 and BDI from 20 to 15. Oswestry remains 30%. Pain level increased from 3 to 4/10. Current medications are Advil and Celexa. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode, moderate.

Initial request for chronic pain management 10 final days was non-certified noting that according to Dr., the patient has completed 20 sessions of chronic pain management program. The treatment update states that the patient needs additional sessions of CPMP to "reduce this patient's pain experience and develop self-regulation skills". This appears to be a template and the rationale is not individualized for this patient. Thus, this does not provide an "individualized care plan explaining why improvements cannot be achieved without an extension". It is unclear why a patient who is not taking narcotic medication would need to attend additional sessions of a CPMP beyond recognized standards of 20 days. The denial was upheld on appeal noting that the patient has completed 20 sessions of the program to date. Current evidence based guidelines note that total treatment duration should generally not exceed 20 full days, and there is no clear rationale provided to support exceeding this recommendation. Per telephonic consultation with Dr., they want to increase his strength/cardio fitness; however, this can be achieved with a structured home exercise program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient has completed 20 days of a chronic pain management program to date. The Official Disability Guidelines state that total treatment duration of a chronic pain management program should generally not exceed 20 full days. The submitted records fail to establish that the patient has achieved sufficient treatment goals to justify additional chronic pain management beyond what is supported by current evidence based guidelines. The patient's physical demand level remains heavy. The patient is not currently taking any narcotic medications. The patient's pain level has increased. Given the current clinical data, it is the opinion of the reviewer that the requested chronic pain management - 10 final days – outpatient is not indicated as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)